

MCO WEBINAR UPDATE

Medicaid Substance Disorder (SUD) Treatment Benefit

HEALTHCARE QUALITY ANALYTICS

Health Policy and Clinical Services

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

May 21, 2015

Overview of the MCO SUD Webinar

A. Medicaid SUD benefit background

B. Purposes of this webinar:

1. Discuss the initial assessment of the SUD benefit
2. Discuss activities supporting further evaluation
3. Discuss high-level data analyses and key metrics
4. Discuss minimizing barriers, optimizing the benefit, measuring Return On Investment (ROI), etc.
5. Discuss future HHSC tasks
6. Encourage dialogue about the SUD benefit implementation, potential avenues for improvement, ways to share data, etc. Discuss likely legislatively-required evaluation of the SUD benefit

C. Comments, questions, next steps

A. Medicaid SUD Benefit background

- Existing Medicaid SUD benefit for children, along with adult hospital-based detox.
- Based on research and promising Return on Investment (ROI) data from other states (e.g., Washington), lessons learned from the NorthSTAR pilot project, and a 2009 Legislative Budget Board (LBB) *Government Effectiveness and Efficiency* (GEER) review, the SUD benefit was extended to enrollees over 20 years old.
- The adult SUD benefit was partially implemented in September 1, 2010, with full implementation on January 1, 2011.

A. Medicaid SUD Benefit background, *continued*

Texas Medicaid SUD treatment services are age-appropriate medical and psychotherapeutic services designed to treat a client's substance use disorder and restore function. The following SUD services are a benefit of Texas Medicaid:

- Assessment by a Chemical Dependency Treatment Facility (CDTF) for admission into a SUD treatment program
- Detoxification services when provided in a general acute care hospital, residential, or ambulatory CDTF setting
- Residential SUD treatment services
- Ambulatory SUD treatment services provided by a CDTF
- Medicaid assisted therapy (MAT) in an outpatient setting

Source: *Texas Medicaid Provider Procedures Manual, Volume 2, March 2015.*

A. Medicaid SUD Benefit background, *continued*

- Enabling legislation of the adult SUD benefit required the LBB to conduct an evaluation of the benefit, including a provision that the benefit could not be continued if the evaluation determined that the benefit was not cost neutral.
- The 2015 LBB GEER SUD review stated that cost neutrality could not be determined at that time, further recommending that HHSC conduct a more thorough study of the benefit's spending and client outcomes.
- Rider 45 in the introduced 2016-17 Biennium budget requires HHSC to conduct such an evaluation, and to submit the evaluation design and results to the Governor's Office and the LBB.

B. MCO SUD Webinar Purposes

1. Initial Assessment of the Medicaid Adult SUD Benefit

- Basic post-implementation HHSC review.
- Post-implementation LBB GEER reviews:
 - *2011 Update On A New Substance Abuse Treatment Benefit for Adult Medicaid Clients*
 - *2015 Improve the Evaluation and Administration of the Medicaid Adult Substance Use Disorder Treatment Benefit*
- Access and low utilization are identified as key issues.
- Different methods can be used to measure a given population's use of services (clients served / eligible clients in need; members served / member months, etc.).
- Based on *Mark, T., et. al. (2015)*, the estimated Medicaid adult SUD utilization rate at 4.4%. The 2015 LBB review found that an overall Medicaid SUD program utilization rate of 2.2%. Preliminary HHSC analyses is listed on subsequent pages of this presentation.

B. MCO SUD Webinar Purposes

1. Initial Assessment of the Medicaid Adult SUD Benefit, *continued*

Potential factors of limited access and low utilization:

- **MCO-related**
 - Administrative, prior and concurrent authorization processes
 - Reimbursement rates
 - SUD familiarity
 - MCO / BHO coordination
 - Credentialing and network adequacy
- **Provider-related**
 - Clinical approaches and engagement
 - Administrative readiness

B. MCO SUD Webinar Purposes

1. Initial Assessment of the Medicaid Adult SUD Benefit, *continued*

Potential factors of limited access and low utilization, *continued*:

- **State-related**
 - Benefit design, incorporation of best practices
 - Likely not capturing all SUD related activity at this time
 - MCO / BHO incentive and disincentive structure, pay for quality
 - Regulatory
 - Contractual
 - Reimbursement rates
- **Other**
 - Dual payor dynamics and controls (Medicaid / SAPT Block Grant)
 - DSRIP
 - Education and outreach
 - Recipients
 - Referral sources

B. MCO SUD Webinar Purposes

2. Activities Supporting The SUD Benefit Evaluation

- 2015 LBB GEER Review: *Improve the Evaluation and Administration of the Medicaid Adult Substance Use Disorder Treatment Benefit.*
(http://www.lbb.state.tx.us/Documents/Publications/GEER/Government_Effectiveness_and_Efficiency_Report_2015.pdf#Medicaid_Adult_Substance)
- Recommendations:
 - Conduct a detailed evaluation of the benefit (Rider 45)
 - Increase awareness of treatment services
 - Streamline the process used to authorize treatment services
 - Determine whether quantitative limitations should apply to adult clients

B. MCO SUD Webinar Purposes

2. Activities Supporting The SUD Benefit Evaluation, *continued*

- Rider 45 requires HHSC to plan and conduct an evaluation of the adult SUD benefit, its costs and client outcomes, etc., and to submit the evaluation design and results to the Governor's Office and the LBB.
- Centers for Medicare and Medicaid Services (CMS), Multi-state SUD *High Intensity Learning Collaborative* (HILC) (<http://medicaid.gov/federal-policy-guidance/downloads/cib-10-29-14.pdf>)
 - Participating states: *TX, KY, LA, MI, MN, MO, PA, WA*
 - Texas Goals: *Optimize access, increase rates of use, payment reform*

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics

- Initial claims / encounters data extraction for analyses
 - Timeframe: SFYs 2011 – 2014
(01 SEP 10 – 31 AUG 14, pulled on 20 MAR 15).
 - Codes: twenty billing codes used to select relevant data are listed on the following page
- Focus of high-level metrics within HHSC array
- Drill down to Program, MCO and Service Area
- Enrollee utilization trends
- Active providers trends
- Trends in continuity of SUD treatment

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

TEXAS SUD PROCEDURE CODES AND CODE DESCRIPTIONS USED IN DATA EXTRACTION (n = 20)

H0001	<i>Alcohol and/or drug assessment</i>
H0004	<i>Behavioral health counseling and therapy, per 15 minutes</i>
H0005	<i>Alcohol and/or drug services; group counseling by a clinician</i>
H0011	<i>Alcohol And/Or Drug Services; Acute Detoxification (Residential Addiction Program Inpatient)</i>
H0012	<i>Alcohol And/Or Drug Services; Sub-Acute Detoxification (Residential Addiction Program Outpatient)</i>
H0014	<i>Alcohol and/or drug services; ambulatory detoxification</i>
H0015	<i>Alcohol And/Or Drug Services; Intensive Outpatient (Treatment Program That Operates At Least 3 Hours/Day And At Least 3 Days/Week And Is Based On An Individualized Treatment Plan), Including Assessment, Counseling; Crisis Intervention, And Activity Therapies Or Education</i>
H0016	<i>Alcohol And/Or Drug Services; Medical/Somatic (Medical Intervention In Ambulatory Setting)</i>
H0020	<i>Alcohol And/Or Drug Services; Methadone Administration And/Or Service (Provision Of The Drug By A Licensed Program)</i>
H0031	<i>Mental health assessment, by non-physician</i>
H0032	<i>Mental health service plan development by non-physician</i>
H0036	<i>Community psychiatric supportive treatment, face-to-face, per 15 minutes</i>
H0047	<i>Alcohol and/or other drug abuse services, not otherwise specified</i>
H0050	<i>Alcohol and/or drug services, brief intervention, per 15 minutes</i>
H2010	<i>Comprehensive medication services, per 15 minutes</i>
H2017	<i>Psychosocial rehabilitation services, per 15 minutes</i>
H2035	<i>Alcohol and/or other drug treatment program, per hour</i>
H2036	<i>Alcohol and/or other drug treatment program, per diem</i>
S9445	<i>Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session</i>
T1007	<i>Alcohol And/Or Substance Abuse Services, Treatment Plan Development And/Or Modification</i>

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

ADULTS (over age 20) & ALL CLIENTS SERVED, BY SERVICE TYPE — FFS & MCO

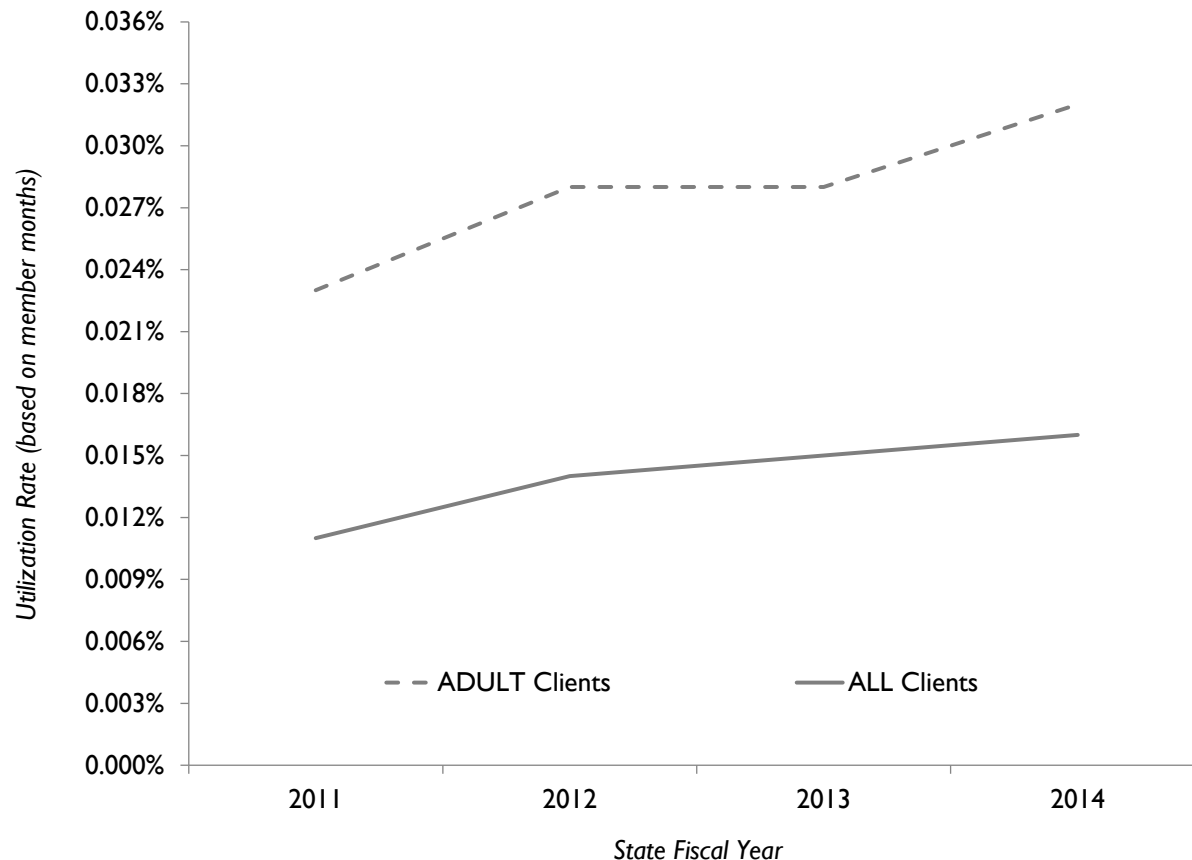
UNIQUE CLIENT COUNT	STATE FISCAL YEAR							
	2011		2012		2013		2014	
	ADULT	ALL	ADULT	ALL	ADULT	ALL	ADULT	ALL
<i>All Services</i>	3,042	5,195	3,904	6,646	4,121	7,141	4,685	7,977
<i>Assessment and Outpatient Counseling</i>	1,902	3,712	2,775	5,006	3,063	5,528	3,644	6,250
<i>Medication-Assisted Treatment (MAT)</i>	812	819	1,130	1,139	1,404	1,418	1,647	1,658
<i>Residential and Ambulatory Detox</i>	588	749	858	1,095	959	1,168	1,123	1,468
<i>Residential</i>	308	684	568	1,213	544	1,188	464	1,089

The all services count of unique clients receiving SUD services increased by 53.6% from SFY 2011 to SFY 2014. In context, during this time the overall Medicaid caseload increased by 5.7%.

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

UTILIZATION RATES (based on FFS and MCO member months): ADULTS & ALL CLIENTS SERVED — FFS & MCO



B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

ACTIVE PROVIDER TRENDS: ADULTS & ALL CLIENTS — FFS & MCO

COUNT OF PROVIDERS WHO HAVE SERVED:	STATE FISCAL YEAR							
	2011		2012		2013		2014	
	ADULT	ALL	ADULT	ALL	ADULT	ALL	ADULT	ALL
<i>Between 1 - 9 clients</i>	61	60	45	44	58	54	58	64
<i>Between 10 - 49 clients</i>	36	45	34	38	31	42	35	41
<i>50 or more clients</i>	18	31	27	44	26	42	25	41
TOTAL	115	136	106	126	115	138	118	146
Notes: Specific SUD codes only, based on NPI, and provider payment of at least one claim for one enrollee.								

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

SUD TREATMENT CONTINUITY: ADULTS & ALL CLIENTS — FFS & MCO

Percentage of clients who receive SUD services and remain in treatment for:	STATE FISCAL YEAR							
	2011		2012		2013		2014	
	ADULT	ALL	ADULT	ALL	ADULT	ALL	ADULT	ALL
...at least 14 days without a break in service	45%	42%	38%	36%	36%	34%	34%	35%
...15-30 days without a break in service	14%	16%	16%	18%	15%	17%	15%	17%
...31-60 days without a break in service	15%	19%	14%	19%	14%	19%	13%	17%
...61-90 days without a break in service	7%	9%	8%	9%	9%	10%	7%	9%
...90+ days without a break in service	20%	15%	24%	18%	27%	20%	31%	22%
Notes: Based on specific SUD codes only. A break is defined as 15 days without a paid claim or encounter. Includes any level of service. Due to rounding, totals may not equal one hundred percent.								

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

SELECTED ADULT SERVICE UTILIZATION:

► OUTPATIENT (OP), & RESIDENTIAL (RES) — FFS & MCO

Percentage of adult clients who receive the respective SUD service and remain in treatment for:	STATE FISCAL YEAR							
	2011		2012		2013		2014	
	OP	RES	OP	RES	OP	RES	OP	RES
...at least 14 days from the first to last service	35%	37%	31%	35%	30%	45%	29%	41%
...15-30 days from the first to last service	20%	42%	20%	46%	21%	40%	25%	44%
...31-60 days from the first to last service	26%	20%	24%	17%	26%	15%	23%	14%
...61-90 days from the first to last service	11%	0%	14%	1%	15%	0%	13%	1%
...90+ days from the first to last service	8%	0%	11%	0%	9%	0%	10%	0%
Note: Due to rounding, totals may not equal one hundred percent.								

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

SELECTED ADULT SERVICE UTILIZATION:

► MEDICATION ASSISTED THERAPY (MAT) — FFS & MCO

Percentage of adult clients who remain in MAT treatment for:	STATE FISCAL YEAR			
	2011	2012	2013	2014
...at least 14 days without a break in service	5%	6%	4%	3%
... 15-30 days without a break in service	6%	4%	5%	3%
...31-60 days without a break in service	11%	9%	9%	7%
...61-90 days without a break in service	10%	9%	9%	6%
...90+ days without a break in service	68%	73%	73%	81%
Note: Due to rounding, totals may not equal one hundred percent.				

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

SELECTED ADULT SERVICE UTILIZATION:

► NON-MAT OUTPATIENT SERVICES — FFS & MCO

Percent of adult clients who receive non-MAT outpatient services for :	STATE FISCAL YEAR			
	2011	2012	2013	2014
...1-14 days	40%	43%	42%	38%
...15-30 days	19%	16%	18%	23%
...31-60 days	24%	20%	21%	20%
...61-90 days	10%	12%	13%	11%
...90+ days	7%	9%	6%	8%
Note: Due to rounding, totals may not equal one hundred percent.				

B. MCO SUD Webinar Purposes

3. High-level Data Analyses & Key Metrics, *continued*

General Program Assessment Based on data:

- These data analyses are preliminary. HHSC will conduct more specific analyses in the future, including the Rider 45's likely evaluation.
- Although utilization appears to be moving in the right direction, it still appears low. There are other indications of opportunities for improvement.
- HHSC recognizes that SUD treatment occurs in a larger healthcare context, and that fact may not be adequately reflected in these data.
- HHSC's metrics in this clinical area need refinement and further development.

B. MCO SUD Webinar Purposes

4. Discuss Minimizing Barriers, Optimizing SUD Benefit

- Benefit design
- Awareness and referral mechanisms
- Regulatory
- MCO / BHO coordination and administrative processes
- Incorporation of HHSC's larger vision of payment reform

B. MCO SUD Webinar Purposes

5. Future HHSC Tasks

- Assessment of benefit awareness.
- Assessment of referrals mechanisms.
- Assessment of enrollee experience.
- Assessment of providers.
- Interface with other states and CMS:
 - Benefit design
 - Monitoring and metrics
- Per the 2015 LBB GEER report and likely Rider 45 evaluation, determine the best ways to reduce administrative barriers, streamline processes, and increase utilization rates to maximize program efficiency.
- Exploration of how *Value Based Purchasing* (VBP) can be incorporated in the provision of SUD services.

B. MCO SUD Webinar Purposes

6. SUD Benefit Dialogue, Likely Legislatively-Required Evaluation

► Discussion and Q & A ◀

Questions & Comments?



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